



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E270351**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **13-02311**

LOCAL AGENCY CODING ☐

TOTAL # OF UNITS **03** OBJECT STRUCK **FENCE**

DATE OF COLLISION **09** - **16** - **2013** TIME (2400) **0429** COUNTY # **31** MILES ☐ N ☐ E ☐ S ☐ W ☒ IN OF **0664** CITY # ☐

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
91ST AVE BLOCK NO. ☒ **511** MILE POST ☐

DISTANCE **500** **00** MILES ☐ N ☐ E ☐ S ☒ W **4TH ST NE** OF (REFERENCE OR CROSS STREET)

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4255839286**

LAST NAME **SCHMIDT** FIRST NAME **DREW** MIDDLE INITIAL **T**

STREET NEW ADDRESS **8518 14TH PL SE**

CITY **LAKE STEVENS** ST **WA** ZIP **982586646**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **SCHMIDT069KU** STATE **WA** SEX **M** D.O.B. **05** - **31** - **1994**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **ALS1205** STATE **WA** VIN# **1P3ES46C3YD738937**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2000** MAKE **PLYM** MODEL **NEO4D** STYLE **4D** VEHICLE TOWED YES ☒ NO ☐ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **DREW SCHMIDT 8518 14TH PL SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **ESURANCE PAWA-003459351**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4252009147**

LAST NAME **VERDUZCO** FIRST NAME **CARLOS** MIDDLE INITIAL **C**

STREET NEW ADDRESS **9225 16TH PL SE**

CITY **LAKE STEVENS** ST **WA** ZIP **982583794**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS **T**

DRIVER'S LICENSE # **VERDUCC375Q0** STATE **WA** SEX **M** D.O.B. **11** - **20** - **1963**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **NECK AND ARM PAIN**

LICENSE PLATE # **AHB8591** STATE **WA** VIN# **3VWRA29M8XM065981**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1999** MAKE **VOLK** MODEL **JET4D** STYLE **4D** VEHICLE TOWED YES ☒ NO ☐ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **CARLOS VERDUZCO 2500 STATE HIGHWAY 28 S EAST WENATCHEE WA 98802**

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **M. HINGTGEN** BADGE OR ID # **126** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E270351**

CASE # **13-02311**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CANFILL CHASE																	
ADDRESS & PHONE #		27 VERNON RD LAKE STEVENS WA 98258 9286602128																	
SEX		M		D.O.B. MMDDYYYY		10		17		1998									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Veh #2 was stopped and parked on the shoulder of the road due to running out of fuel. Witness stated that the driver had is lights on. Veh #1 was driving south on 91st Ave SE. The driver of Veh #1 stated that he hit something in the road that scared him so he moved towards the shoulder of the road and struck the rear of Veh #2. When Veh #1 impacted Veh #2, Veh #2 was pushed into the fence of 511 91st Ave SE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-16-13 05:36 AM

DATED

PLACE SIGNED

APPROVED BY

JULIE JAMISON 097

DATE

9/17/2013 2:30:49 AM

BADGE OR ID # **126**

ORI # **WA0311900**

TIME POLICE DISPATCHED **4:29 AM**

TIME POLICE ARRIVED **4:29 AM**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E270351**

CASE # **13-02311**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #

USDOT

IGG #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

D: 4253355826

LAST NAME

GONZALEZ

FIRST NAME

JORGE

MIDDLE INITIAL

E

STREET NEW ADDRESS

511 91ST AVE SE

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

M

D.O.B.

MMDDYYYY

11

21

1978

ON DUTY ☐

STATUS

AIRBAG

RESTR

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

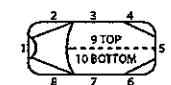
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

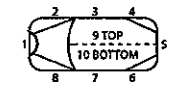
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

09-16-13 05:36 AM

DATED:

PLACE SIGNED

BADGE OR ID #

126

ORI #

WA0311900

APPROVED BY

JAMISON

DATE

9/17/2013

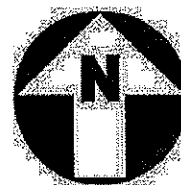
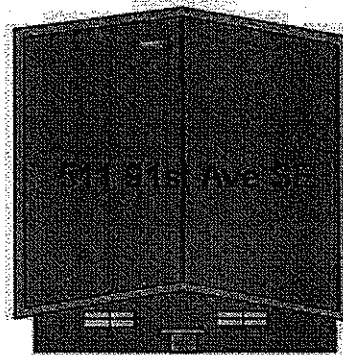
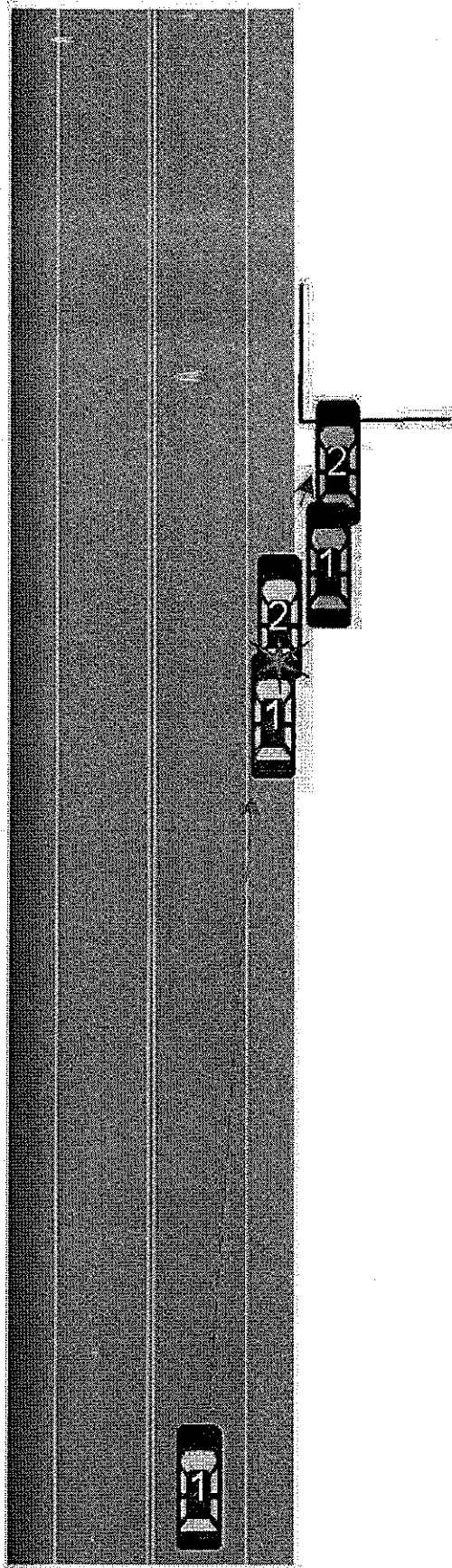
PAGE

3

OF

4

91st Ave SE



Not to Scale

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02311


VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Canfill Chase	RACE C	ETH W	SEX M	DOB 10-17-98	AGE 14	ZIP 98205	RES STATUS OWNER
STREET ADDRESS 27 Vernon RD		CITY Lake Stevens		STATE WA		PLACE OF EMPLOYMENT None		
HOME PHONE		CELL PHONE 928-660-2128		EMAIL ADDRESS legomychase@yahoo.com				
WORK PHONE								

I, Chase Bantini, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

me and my 2 friends were on the porch talking when we saw a car break down we went to see and he said he was out of gas. we walked away and a minute later we saw a car going around 30-40 mph drive by and I heard a loud pop. No breaks or anything. We went to see and the car hit the other one.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 9-16-13	LOCATION SIGNED 91st street
OFFICER/NUMBER: 129	DATE SIGNED 9/16/13	LOCATION SIGNED LAKE STEVENS

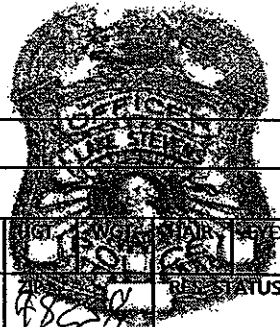
"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02311



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Schmidt, Drew, Timothy	RACE O	ETH O	SEX M	DOB 05/31/94	AGE 19	HAIR BLK	EYES BLU
STREET ADDRESS 8518 14th PL SE		CITY Lake Stevens		STATE WA		ZIP 98288		RES STATUS RENT
HOME PHONE 425-583-4286		CELL PHONE 425-583-4286		PLACE OF EMPLOYMENT Target				
WORK PHONE 425-397-8144		EMAIL ADDRESS DrewSchmidt19@gmail.com						

I, Drew Timothy Schmidt, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving to work and then out of no where my car's front right end clipped something, or something pretty much stopped my right side and made my car turn right, and I slammed into the back of his car.

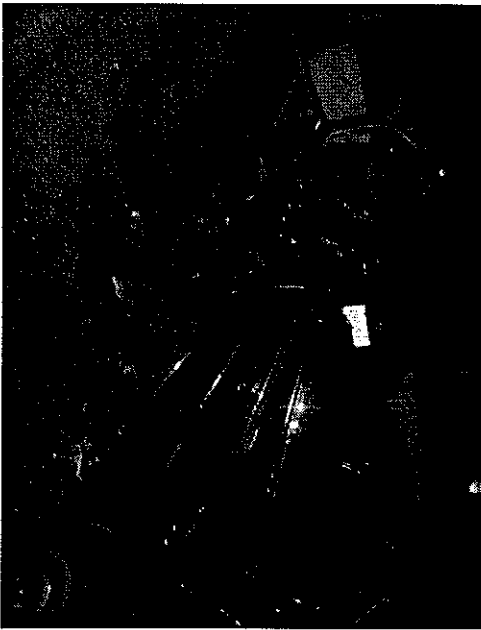
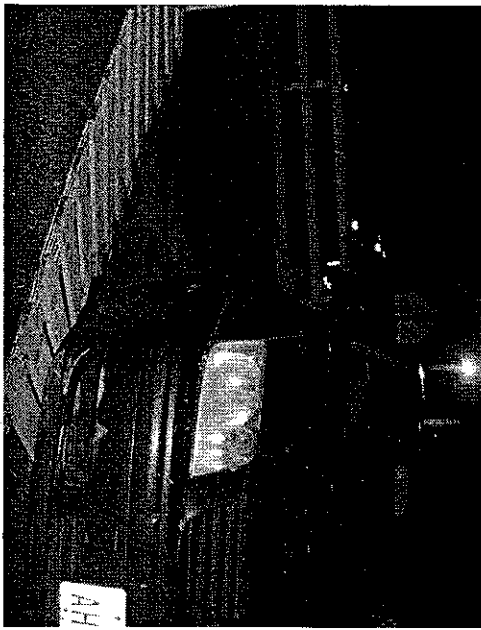
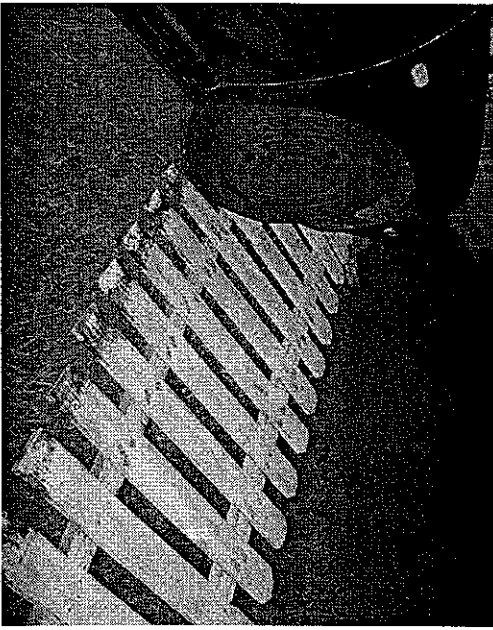
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Drew Schmidt</u>	DATE SIGNED 4/16/2013	LOCATION SIGNED 42nd AVE
OFFICER/NUMBER: <u>126</u>	DATE SIGNED 9/16/13	LOCATION SIGNED LAKE STEVENS

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PAGE 1 OF 1

LSPD
ORIGINAL





LSPD
ORIGINAL

Incident History for: #SS13020710 Xref: #SS13020712 #AG13002679

Case Numbers: \$SS13002311

Entered 09/16/13 04:29:28 BY SPSC40 SP0352

Dispatched 09/16/13 04:29:28 BY SPSC40 SP0352

Enroute 09/16/13 04:29:28

Onscene 09/16/13 04:29:28

Closed 09/16/13 06:24:18

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-2 Group: SS1 Beat: Src

Loc: 700 91 AV SE ,LKS btwn 4 ST SE & 8 ST SE (V)

Loc Info:

Name: Addr: Phone:

/0429 (SP0352) \$OUTSRV ,NO MORE INFORMATION
/0429 DISPOS SS1942 #SS126 HINGTGEN, OFFICER (MICHAEL)
/0429 ASSTER SS1937 [700 91 AV SE]
/0430 CHANGE LOC: 700 91 AV SE --> 700 91 AV SE ,LKS,
BLK: --> SS003
/0431 CROSS #AG13002679
/0433 (*****) REMINQ SS1942 AHB8591
/0433 (SP0352) REMINQ SS1942 LIC, 1942, AHB8591,,
/0433 (*****) REMINQ SS1942 ALS1205
/0433 (SP0352) REMINQ SS1942 LIC, 1942, ALS1205,,
/0448 ASNCAS SS1942 \$SS13002311
/0527 (SS112) *CLEAR SS1937 D/D
/0541 (SS126) REMINQ SS1942 MDTWANT,,,,,,WA, GANNAKR343MS,,,,,,
/0541 REMINQ SS1942 MDTWANT,,,,,,WA, GANNAKR343MS,,,,,,
/0624 (SP0356) CLEAR SS1942 D/H
/0624 CLOSE SS1942
/0634 \$CROSS #SS13020712
/0634 DUP #SS13020712
/0634 DUP NAM: WALKER, SARA /PSRBY
ADR: CELL
PHO: 4252202295

LSPD
ORIGINAL